

(2) congratulates Detroit Shock guard Deanna Nolan for winning the 2006 WNBA Finals Most Valuable Player Award;

(3) recognizes and praises the achievements of the Detroit Shock players, coaches, management, and support staff whose hard work, dedication, and resilience proved instrumental throughout the Detroit Shock's championship season;

(4) commends Detroit Shock Head Coach Bill Laimbeer, the Southeast Michigan community, the city of Detroit, and the Detroit Shock fans for their dedication; and

(5) directs the Clerk of the House of Representatives to transmit an enrolled copy of this resolution to—

(A) each of the Detroit Shock players;

(B) Bill Laimbeer, Detroit Shock Head Coach;

(C) William Davidson, Detroit Shock Managing Partner;

(D) each of the Detroit Shock coaches;

(E) the Honorable Kwame Kilpatrick, Mayor of the city of Detroit;

(F) the Honorable L. Brooks Patterson, County Executive, Oakland County, Michigan; and

(G) the Honorable Jennifer Granholm, Governor of the State of Michigan.

The concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

#### CALL HOME ACT OF 2006

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the Senate bill (S. 2653) to direct the Federal Communications Commission to make efforts to reduce telephone rates for Armed Forces personnel deployed overseas, and ask for its immediate consideration in the House.

The Clerk read the title of the Senate bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

The Clerk read the Senate bill, as follows:

S. 2653

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Call Home Act of 2006".

#### SEC. 2. TELEPHONE RATES FOR MEMBERS OF ARMED FORCES DEPLOYED ABROAD.

(a) IN GENERAL.—The Federal Communications Commission shall take such action as may be necessary to reduce the cost of calling home for Armed Forces personnel who are stationed outside the United States under official military orders or deployed outside the United States in support of military operations, training exercises, or other purposes as approved by the Secretary of Defense, including the reduction of such costs through the waiver of government fees, assessments, or other charges for such calls. The Commission may not regulate rates in order to carry out this section.

(b) FACTORS TO CONSIDER.—In taking the action described in subsection (a), the Commission, in coordination with the Department of Defense and the Department of State, shall—

(1) evaluate and analyze the costs to Armed Forces personnel of such telephone

calls to and from American military bases abroad;

(2) evaluate methods of reducing the rates imposed on such calls, including deployment of new technology such as voice over internet protocol or other Internet protocol technology;

(3) encourage telecommunications carriers (as defined in section 3(44) of the Communications Act of 1934 (47 U.S.C. 153(44))) to adopt flexible billing procedures and policies for Armed Forces personnel and their dependents for telephone calls to and from such Armed Forces personnel; and

(4) seek agreements with foreign governments to reduce international surcharges on such telephone calls.

(c) DEFINITIONS.—In this section:

(1) ARMED FORCES.—The term "Armed Forces" has the meaning given that term by section 2101(2) of title 5, United States Code.

(2) MILITARY BASE.—The term "military base" includes official duty stations to include vessels, whether such vessels are in port or underway outside of the United States.

#### SEC. 3. REPEAL OF EXISTING AUTHORIZATION.

Section 213 of the Telecommunications Authorization Act of 1992 (47 U.S.C. 201 note) is repealed.

#### SEC. 4. PUBLIC SAFETY INTEROPERABLE COMMUNICATIONS GRANTS.

Pursuant to section 3006 of Public Law 109-171 (47 U.S.C. 309 note), the Assistant Secretary for Communications and Information of the Department of Commerce, in consultation with the Secretary of the Department of Homeland Security, shall award no less than \$1,000,000,000 for public safety interoperable communications grants no later than September 30, 2007 subject to the receipt of qualified applications as determined by the Assistant Secretary.

The Senate bill was ordered to be read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

#### SUPPORTING THE GOALS AND IDEALS OF A NATIONAL EPIDERMOLYSIS BULLOSA AWARENESS WEEK

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent that the Committee on Energy and Commerce be discharged from further consideration of the resolution (H. Res. 335) supporting the goals and ideals of a National Epidermolysis Bullosa Awareness Week to raise public awareness and understanding of the disease and to foster understanding of the impact of the disease on patients and their families, and ask for its immediate consideration in the House.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

The Clerk read the resolution, as follows:

H. RES. 335

Whereas epidermolysis bullosa is a rare disease characterized by the presence of extremely fragile skin that results in the development of recurrent, painful blisters, open sores, and in some forms of the disease, in disfiguring scars, disabling musculoskeletal deformities, and internal blistering;

Whereas approximately 12,500 individuals in the United States are affected by the disease;

Whereas data from the National Epidermolysis Bullosa Registry indicates that of every one million live births, 20 infants are born with the disease;

Whereas there currently is no cure for the disease;

Whereas children with the disease require almost around-the-clock care;

Whereas approximately 90 percent of individuals with epidermolysis bullosa report experiencing pain on an average day;

Whereas the skin is so fragile for individuals with the disease that even minor rubbing and day-to-day activity may cause blistering, including from activities such as writing, eating, walking, and from the seams on their clothes;

Whereas most individuals with the disease have inherited the disease through genes they receive from one or both parents;

Whereas epidermolysis bullosa is so rare that many health care practitioners have never heard of it or seen a patient with it;

Whereas individuals with epidermolysis bullosa often feel isolated because of the lack of knowledge in the Nation about the disease and the impact that it has on the body;

Whereas more funds should be dedicated toward research to develop treatments and eventually a cure for the disease; and

Whereas the last week of October would be an appropriate time to recognize National Epidermolysis Bullosa Week in order to raise public awareness about the prevalence of epidermolysis bullosa, the impact it has on families, and the need for additional research into a cure for the disease: Now, therefore, be it

*Resolved*, That the House of Representatives—

(1) supports the goals and ideals of a National Epidermolysis Bullosa Awareness Week to raise public awareness and understanding of epidermolysis bullosa;

(2) recognizes the need for a cure for the disease; and

(3) encourages the people of the United States and interested groups to support the week through appropriate ceremonies and activities to promote public awareness of epidermolysis bullosa and to foster understanding of the impact of the disease on patients and their families.

The resolution was agreed to.

A motion to reconsider was laid on the table.

#### GYNECOLOGIC CANCER EDUCATION AND AWARENESS ACT OF 2005

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the bill (H.R. 1245) to provide for programs to increase the awareness and knowledge of women and health care providers with respect to gynecologic cancers, with a Senate amendment thereto, and concur in the Senate amendment.

The Clerk read the title of the bill.

The Clerk read the Senate amendment, as follows:

Senate amendment:

Strike out all after the enacting clause and insert:

#### SECTION 1. SHORT TITLE.

*This Act may be cited as the "Gynecologic Cancer Education and Awareness Act of 2005" or "Johanna's Law".*

**SEC. 2. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.**

Section 317P of the Public Health Service Act (42 U.S.C. 247b-17) is amended—

(1) in the section heading by adding “(JOHANNA’S LAW)” at the end; and

(2) by adding at the end the following:

“(d) JOHANNA’S LAW.—

“(1) NATIONAL PUBLIC AWARENESS CAMPAIGN.—

“(A) IN GENERAL.—The Secretary shall carry out a national campaign to increase the awareness and knowledge of health care providers and women with respect to gynecologic cancers.

“(B) WRITTEN MATERIALS.—Activities under the national campaign under subparagraph (A) shall include—

“(i) maintaining a supply of written materials that provide information to the public on gynecologic cancers; and

“(ii) distributing the materials to members of the public upon request.

“(C) PUBLIC SERVICE ANNOUNCEMENTS.—Activities under the national campaign under subparagraph (A) shall, in accordance with applicable law and regulations, include developing and placing, in telecommunications media, public service announcements intended to encourage women to discuss with their physicians their risks of gynecologic cancers. Such announcements shall inform the public on the manner in which the written materials referred to in subparagraph (B) can be obtained upon request, and shall call attention to early warning signs and risk factors based on the best available medical information.

“(2) REPORT AND STRATEGY.—

“(A) REPORT.—Not later than 6 months after the date of the enactment of this subsection, the Secretary shall submit to the Congress a report including the following:

“(i) A description of the past and present activities of the Department of Health and Human Services to increase awareness and knowledge of the public with respect to different types of cancer, including gynecologic cancers.

“(ii) A description of the past and present activities of the Department of Health and Human Services to increase awareness and knowledge of health care providers with respect to different types of cancer, including gynecologic cancers.

“(iii) For each activity described pursuant to clauses (i) or (ii), a description of the following:

“(I) The funding for such activity for fiscal year 2006 and the cumulative funding for such activity for previous fiscal years.

“(II) The background and history of such activity, including—

“(aa) the goals of such activity;

“(bb) the communications objectives of such activity;

“(cc) the identity of each agency within the Department of Health and Human Services responsible for any aspect of the activity; and

“(dd) how such activity is or was expected to result in change.

“(III) How long the activity lasted or is expected to last.

“(IV) The outcomes observed and the evaluation methods, if any, that have been, are being, or will be used with respect to such activity.

“(V) For each such outcome or evaluation method, a description of the associated results, analyses, and conclusions.

“(B) STRATEGY.—

“(i) DEVELOPMENT; SUBMISSION TO CONGRESS.—Not later than 3 months after submitting the report required by subparagraph (A), the Secretary shall develop and submit to the Congress a strategy for improving efforts to increase awareness and knowledge of the public and health care providers with respect to different types of cancer, including gynecologic cancers.

“(ii) CONSULTATION.—In developing the strategy under clause (i), the Secretary should consult with qualified private sector groups, including nonprofit organizations.

“(3) FULL COMPLIANCE.—

“(A) IN GENERAL.—Not later than March 1, 2008, the Secretary shall ensure that all provisions of this section, including activities directed to be carried out by the Centers for Disease Control and Prevention and the Food and Drug Administration, are fully implemented and being complied with. Not later than April 30, 2008, the Secretary shall submit to Congress a report that certifies compliance with the preceding sentence and that contains a description of all activities undertaken to achieve such compliance.

“(B) If the Secretary fails to submit the certification as provided for under subparagraph (A), the Secretary shall, not later than 3 months after the date on which the report is to be submitted under subparagraph (A), and every 3 months thereafter, submit to Congress an explanation as to why the Secretary has not yet complied with the first sentence of subparagraph (A), a detailed description of all actions undertaken within the month for which the report is being submitted to bring the Secretary into compliance with such sentence, and the anticipated date the Secretary expects to be in full compliance with such sentence.

“(4) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subsection, there is authorized to be appropriated \$16,500,000 for the period of fiscal years 2007 through 2009.”

Mr. BARTON of Texas (during the reading). Mr. Speaker, I ask unanimous consent that the Senate amendment be considered as read and printed in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Ms. DELAURO. Mr. Speaker, let me thank again everyone who has made this legislation such a priority in the Congress—Congressmen ISSA and LEVIN for their leadership, as well as everyone outside this institution, particularly Sheryl Silver—she is an inspiration. I have always said that when it comes to life and death issues like cancer, Congress speaks with one voice. And today, it does.

For me, passage of Johanna’s Law is one big battle in a fight I, myself, have waged for 20 years. Indeed, 20 years ago, I was diagnosed with ovarian cancer during an unrelated doctor’s visit. I was fortunate to have excellent doctors who detected the cancer by accident in Stage 1, and I underwent radiation treatment for the next two and a half months. Like many survivors, the experience still haunts me today—hardly a day goes by that I do not think about those weeks, the most difficult of my life. But I am proud to say that I have now been cancer-free for a full two decades.

And so you can understand when I say I take great pride in this victory against cancer today. Great pride—because making sure no woman has to depend on luck when it comes to cancer is personal. Moments like these are why I came to Congress.

And this step is so critical. Almost 21,000 women are diagnosed every year with ovarian cancer; nearly 16,000 will die. With a 45-percent 5-year survival rate, it claims the lives of nearly three-quarters of women diagnosed simply because the disease is not detected until it is too late.

The tragedy is that ovarian cancer, like other gynecologic cancers, can be cured if it is detected soon enough. When ovarian cancer is detected in the early stages, 94 percent of women survive longer than 5 years, and most are cured completely. Unfortunately,

women have never had a reliable and accurate method of screening for ovarian cancer in the early stages. On top of that, many doctors misdiagnose this disease, with 85 percent of women reporting they do not know which symptoms to look for.

For all our progress—through research at the NIH, at the Department of Defense, and with the recent approval of the HPV vaccine—Johanna’s Law recognizes that one of the most effective weapons we have to beat gynecologic cancers like ovarian, cervical, and uterine cancer is public education. In creating a federal campaign to educate women and health care providers alike, as this legislation does, we can take a bold step toward ensuring women know which symptoms to look for and how to seek help before it is too late.

This legislation represents only a first step. But this is a fight every woman has a stake in—a fight the Silver family has dedicated itself to making sure we win. And so I urge my colleagues to help us pass this bill and take such an important step forward. It is, indeed, an idea whose time has come.

Mr. SOUDER. Mr. Speaker, today the House passed H.R. 1245, the Gynecologic Cancer Education and Awareness Act of which I am a co-sponsor.

This bill directs the Department of Health and Human Services (HHS) to carry out a national campaign to increase the awareness and knowledge of gynecologic cancers. It mirrors a similar law passed by Congress in 2000 that directed HHS to educate women and health care providers about cervical cancer. Unfortunately, the 2000 law has never been fully implemented which is, in part, why this new law is needed.

I am pleased that the Senate revised the bill to set a deadline of March 2008 for HHS to enact this bill and the 2000 law.

The Subcommittee on Criminal Justice, Drug Policy and Human Resources, which I chair, has been very active in cervical cancer issues over the past 5 years. I have been very disappointed with the lack of progress enacting the 2000 cervical cancer awareness law. I introduced a bipartisan resolution in 2003 urging federal agencies to comply with this law, held a hearing on the topic in 2004, and have sent numerous letters to the agencies responsible for carrying out this law. Yet 6 years after being signed, the law has still not been fully enacted and that is why setting a deadline has become necessary.

This is important because thousands of women die of and many more are diagnosed with cervical cancer every year in the U.S. Yet many women and few Americans are even aware of the facts about cervical cancer, including what causes it and how it can be prevented.

Medical experts agree that infection with certain strains of human papillomavirus (HPV) is the primary cause of nearly all cervical cancer. The Centers for Disease Control and Prevention (CDC) estimates 20 million Americans are currently infected with HPV and 5.5 million Americans become infected with HPV every year. According to the American Cancer Society, nearly 13,000 women develop invasive cervical cancer annually in the United States and over 4,000 women die of the disease every year. HPV infection is also associated with other cancers and more than 1 million pre-cancerous lesions. By way of comparison,

nearly the same number of women die annually as a result of cervical cancer as do of HIV/AIDS in the United States.

HPV is a sexually transmitted disease and despite claims by condom manufacturers and advocates, studies have repeatedly found that condoms do not provide effective protection against HPV infection.

In a February 1999 letter to the U.S. House Commerce Committee, Dr. Richard D. Klausner, then-Director of the National Cancer Institute, stated "Condoms are ineffective against HPV because the virus is prevalent not only in the mucosal tissue (genitalia) but also on dry skin of the surrounding abdomen and groin, and it can migrate from those areas into the vagina and the cervix. Additional research efforts by NCI on the effectiveness of condoms in preventing HPV transmission are not warranted."

In 2001, the National Institute of Allergy and Infectious Diseases along with FDA, CDC, and the U.S. Agency for International Development issued a consensus report regarding condom effectiveness that concluded "there was no epidemiologic evidence that condom use reduced the risk of HPV infection."

In November 2002, a meta-analysis of "the best available data describing the relationship between condoms and HPV-related conditions" from the previous two decades was published in the journal *Sexually Transmitted Diseases*. The meta-analysis concluded: "There was no consistent evidence of a protective effect of condom use on HPV DNA detection, and in some studies, condom use was associated with a slightly increased risk for these lesions."

CDC issued a report in 2004 that concluded:

Because genital HPV infection is most common in men and women who have had multiple sex partners, abstaining from sexual activity (i.e., refraining from any genital contact with another individual) is the surest way to prevent infection. For those who choose to be sexually active, a monogamous relationship with an uninfected partner is the strategy most likely to prevent future genital HPV infections. For those who choose to be sexually active but who are not in a monogamous relationship, reducing the number of sexual partners and choosing a partner less likely to be infected may reduce the risk of genital HPV infection. . . .

The available scientific evidence is not sufficient to recommend condoms as a primary prevention strategy for the prevention of genital HPV infection.

Based on these findings, the law required CDC to "prepare and distribute educational materials for health care providers and the public that include information on HPV. Such materials shall address modes of transmission, consequences of infection, including the link between HPV and cervical cancer, the available scientific evidence on the effectiveness or lack of effectiveness of condoms in preventing infection with HPV, and the importance of regular Pap smears, and other diagnostics for early intervention and prevention of cervical cancer."

The CDC has largely ignored this provision of the law and as a result few women are aware of HPV or its link to cervical cancer. According to a 2005 Health Information National Trends Survey, only 40 percent of women have ever heard about HPV. Of those that have heard of HPV, less than 20 percent knew that HPV could sometimes lead to cer-

vical cancer, meaning that only about 8 percent of American women are aware that HPV can cause cervical cancer. The only factors associated with having accurate knowledge—knowing that it could lead to cervical cancer—was an abnormal Pap test or testing positive on an HPV test. This suggests that most women are finding out about HPV only after experiencing a negative consequence. This is the real life consequence of the CDC's failure to enact this law and to make women aware of the facts regarding HPV and cervical cancer.

The law also directs the Food and Drug Administration (FDA) to ensure that such condom labels are medically accurate regarding the lack of effectiveness of condoms in preventing HPV infection.

The Subcommittee first wrote to the FDA requesting a status update on the enactment of this law on August 23, 2001. "FDA is currently developing an implementation plan for carrying out Public Law 106-554," was the response from Melinda K. Plaisier, FDA Associate Commissioner for Legislation, dated November 20, 2001.

On February 12, 2004, the Subcommittee wrote to Dr. Mark B. McClellan, FDA Commissioner, requesting "the agency's timetable for relabeling condoms in compliance with Public Law 106-554." In a response to the Subcommittee dated March 10, 2004, Amit K. Sachdev, FDA Associate Commissioner for Legislation, stated, "the Agency is working on developing a proposed rule to be accompanied by draft labeling guidance for public comment later this year."

In a hearing before the Subcommittee on March 11, 2004, Dr. Daniel G. Schultz, FDA Director of Device Evaluation, stated "FDA is working to present a balanced view of the risks and benefits in condom labeling . . . FDA is preparing new guidance on condom labeling to address these issues, with the target of publishing that guidance as a draft for public comment later this year."

On November 19, 2004, the Subcommittee sent a letter to Acting FDA Commissioner Lester Crawford requesting an update on whether or not the oft repeated deadline previously provided would be met.

And earlier this year, I sent a letter to HHS Secretary Michael Leavitt again asking for a date certain when the FDA will finally be in compliance with Public Law 106-554 by requiring condom labeling to be medically accurate and an explanation for the continued delay by the FDA in complying with this 4-year-old law.

Just this week, mere days before the 6-year anniversary of the signing of the law, FDA staff has admitted that the agency is still in the beginning stages of crafting a new medically accurate informational label for condom packages. By way of comparison, it took 410 days to build the Empire State Building and 2 years, 2 months and 5 days to construct the Eiffel Tower.

Over the 6 years since this law was signed, CDC and FDA have repeatedly delayed and found excuses to avoid complying with the simple requirements of the law that would empower women with lifesaving information. This continued delay undermines the scientific integrity of both agencies and further jeopardizes the confidence of the public and many in Congress in these agencies' ability to fulfill their very important missions.

It is my hope that a year from now Congress will not have to pass yet another new law to direct HHS, CDC and FDA to enact the existing law. The lives of our sisters, daughters, mothers, or friends are too important to allow yet another one to fall victim to this silent epidemic.

Mr. LEVIN. Mr. Speaker, I rise in strong support of H.R. 1245, "Johanna's Law," which earlier today passed the Senate by unanimous consent.

It was more than 4 years ago that Sheryl Silver first told me about her sister, Johanna, who died of ovarian cancer in 2000 after a fierce, hard-fought battle.

This legislation, in honor of Johanna Silver and her valiant fight, is emblematic of the fight undertaken by so many women across the country battling gynecological cancer and their determination to help other women be treated sooner.

Like so many women, Johanna had experienced symptoms, which were not identified initially. By the time she was properly diagnosed, her cancer had advanced significantly, to a point where treatment is considerably more complicated. Because gynecological cancers are highly treatable at early stages, public education for women and their primary care physicians is all the more important.

Johanna's Law does just this, creating a national public information campaign to educate women and health care providers about the risk factors and early warning signs of gynecologic cancers, but goes a step further, requiring HHS to quickly develop a national strategy to get this information to women at the highest risk and their health care providers.

After 3 years since this legislation was first introduced, it is finally coming to fruition. Its passage is a real victory for everyone who has been fighting to get the facts out about gynecologic cancers.

I want to thank all the people whose determined efforts have gotten us to where we are today, including Sheryl Silver, who worked tirelessly from the conception of this legislation through to the organization of the advocacy done by many organizations and individuals to assure its passage, as well as cancer survivors and families across the country, physicians, my colleagues on both sides of the aisle, especially DARRELL ISSA, ROSA DELAULO, and KAY GRANGER, and our counterparts in the Senate for getting the bill back to us in such short order.

I urge all of my colleagues to support Johanna's Law and strike a blow against gynecologic cancers.

The SPEAKER pro tempore. Is there objection to the original request of the gentleman from Texas?

There was no objection.

A motion to reconsider was laid on the table.

#### CLARIFYING CERTAIN LAND USE IN JEFFERSON COUNTY, COLORADO

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the Senate bill (S. 4092) to clarify certain land use in Jefferson County, Colorado, and ask for its immediate consideration in the House.